

MONTANA BOARD OF RESPIRATORY CARE PRACTITIONERS

301 South Park, 4th Floor
PO Box 200513
Helena Montana 59620-0513
Phone: (406) 841-2385 Fax: (406) 841-2305
Email: dlibsdrpc@mt.gov
Website: www.respcare.mt.gov

REQUIREMENTS AND APPLICATION INSTRUCTIONS

Incomplete applications will be returned with a statement regarding incomplete portions.
Once an application is complete, estimated time for issuance of permit or license is 5-7 days.

RESPIRATORY CARE PRACTITIONER LICENSE

Qualifications for Licensure: Applicants for licensure must:

- ✓ Complete a respiratory care educational program accredited or provisionally accredited by the American medical association's committee on allied health education and accreditation in collaboration with the joint review committee for respiratory therapy education or their successor organizations; <http://www.coarc.com/accred/index.html>
- ✓ High School diploma or equivalent;
- ✓ Pass the National Board for Respiratory Care (NBRC) examination <http://www.nbrc.org/>

Fees:

- ✓ \$100.00 Application and License fee
- ✓ \$50.00 Temporary permit fee

Application Procedures: A fully-completed application for licensure, signed and notarized, shall be submitted with the following documents:

- ✓ Submit a recent, passport-type photograph.
- ✓ Current copy of the NBRC certificate and wallet card.
- ✓ Application and License fee in the amount of \$100.00. Make check or money order payable to the Board of Respiratory Care Practitioners. All fees are non-refundable. Do not send cash.
- ✓ If currently or previously licensed in another state or jurisdiction, a License Verification/History must be sent to this office directly from those states or jurisdictions.

Temporary Permit: A temporary permit may be obtained by respiratory care practitioner course graduates who are awaiting results from the NBRC examination or student respiratory care practitioners who expect to graduate within 30 calendar days of this application. The temporary permit expires one year after the date of issuance or until notification by the examination service that the person either fails or passes the examination. Temporary permit holders must practice only under clinical supervision; supervisor must also sign application.

Applicants for a temporary permit shall submit the following:

- ✓ Submit a recent, passport-type photograph.
- ✓ Application and License fee in the amount of \$50.00. Make check or money order payable to the Board of Respiratory Care Practitioners. All fees are non-refundable. Do not send cash.
- ✓ If currently or previously licensed in another state or jurisdiction, a License Verification/History must be sent to this office directly from those states or jurisdictions
- ✓ Date of graduation along with a letter from the program director stating your anticipated graduation date.

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APPLICATION FOR LICENSURE AS: (please check one)

- ☐ **RESPIRATORY CARE PRACTITIONER** ☐ **TEMPORARY PRACTICE PERMIT**
(New graduate or awaiting NBRC exam)

1. FULL NAME _____
Last First Middle

2. OTHER NAME(S) KNOWN BY _____

3. PRESENT EMPLOYER: _____

4. EMPLOYER'S ADDRESS _____
Street or PO Box # City & State Zip

5. HOME ADDRESS: _____
Street or PO Box # City & State Zip

PREFERRED MAILING ADDRESS: ☐ Home ☐ Employer E-MAIL ADDRESS: _____

6. TELEPHONE (_____) _____ (_____) _____ (_____) _____
Business Home Fax

7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____

8. DATE OF BIRTH _____ PLACE OF BIRTH _____ ☐ Male
☐ Female

9. LICENSE NAME _____
(State your name as it should appear on the license if granted)

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

10. Have you ever been denied the right to take this profession's licensing exam in any state? If yes, attach a detailed explanation. ☐ YES ☐ NO
11. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach a detailed explanation. ☐ YES ☐ NO
12. Has your license ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ YES ☐ NO
13. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. ☐ YES ☐ NO

14. Have you ever been expelled from or asked to resign from any professional organization of which you were a member? If yes, please attach a detailed explanation. ☐ YES ☐ NO
15. Do you have criminal charges pending or have you ever pled guilty or been convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations, for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation. ☐ YES ☐ NO
16. Have you ever been charged with fraud, formally or informally, in any legal proceeding? If yes, attach a detailed explanation. ☐ YES ☐ NO
17. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ YES ☐ NO
18. Have you within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ YES ☐ NO
19. Has any legal or disciplinary action been filed against you relating to or during the course of your professional practice? If yes, attached a detailed explanation. ☐ YES ☐ NO
20. If taking the examination, do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ YES ☐ NO
21. Have you taken the NBRC Exam? (If yes please answer the following) ☐ YES ☐ NO

EXAM TYPE	RESULTS	DATES

NOTICE: SUBMIT COPY OF CURRENT NBRC CERTIFICATE. (A Temporary Permit expires upon notification of results of NBRC exam or one year, whichever comes first).

22. Do you currently hold a license in another state as a Respiratory Care Practitioner or limited permit? If yes, provide the following information; ☐ YES ☐ NO

License Type	State	License Number	Date Issued	Current? Yes / No
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

YOU MUST REQUEST A LICENSE VERIFICATION FROM STATES WHERE YOU CURRENTLY HOLD OR HAVE EVER HELD A LICENSE.

23. EDUCATION:

List all colleges, universities, or course(s) that you have attended and/or completed. Temporary Permit applicants must Include copy of official transcript and diploma from the respiratory therapy educational program OR a letter indicating graduation date within 30 days from the date of this application from the program director.

College \ University	Course	Date attended	# of Credits	
			Hours	Months

24. Experience: Provide all locations in which you have practiced in the last three (3) years.

Name of facility		
Address	City	State
Dates: From	To	

Name of facility		
Address	City	State
Dates: From	To	

24.Experience Continued

Name of facility		
Address	City	State
Dates: From	To	

Name of facility		
Address	City	State
Dates: From	To	

Name of facility		
Address	City	State
Dates: From	To	

Name of facility		
Address	City	State
Dates: From	To	

Name of facility		
Address	City	State
Dates: From	To	

25. **TEMPORARY PERMIT ADDITIONAL INFORMATION:**

EXAM DATE FOR NBRC EXAM: _____

SIGNATURE OF MONTANA LICENSED RESPIRATORY CARE PRACTITIONER WHO
IS PROVIDING CLINICAL SUPERVISION.

DATE:_____

SUPERVISOR LICENSE NUMBER _____

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of RESPIRATORY CARE PRACTITIONERS.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Legal Signature of Applicant

Dated

Subscribed and sworn to before me this _____ day of _____, _____ at

City/State

Signature of Notary Public

SEAL

Notary Public Printed Name

For the State of

My commission expires _____, _____.

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LICENSE VERIFICATION/HISTORY

CONTACT EACH BOARD PRIOR TO SENDING THIS FORM AS THERE MAY BE A FEE CHARGED

I, _____, am applying for a license to practice _____, in the State of Montana.

The Montana Board requires verification of licensure be provided by each jurisdiction in which I hold or have held a license. I hereby authorize and request you to release any information in your files, favorable or otherwise, directly to the Montana Board at the address above. Thank you for your earliest attention.

Applicant's Signature

STATE LICENSURE BOARD

(Please provide the following information)

Name of Licensee: _____

License Number: _____ Date of Issuance: _____

Expires: _____ Is license current? _____

Licensed as _____ Licensed by _____

Has the applicant's license ever been suspended or revoked? _____

Are there any complaints and/or legal actions pending against this applicant? _____

If the answer for any of these questions is yes, please explain on the reverse side of this form.

Signature of Licensing Official

Title

Dated

BOARD SEAL

Name of Licensure Board

Address

City/State/Zip